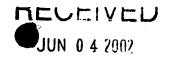
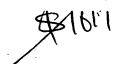
## **FORM PTO-1083**







TECH CENTER 1600/2900

13054.02200

ED STATES PATENT AND TRADEMARK OFFICE

In re application of:	
W. Edward ROBINSON,	Jr.
Serial No: 09/647,270	
Filed: December 21, 200	<b>^</b>

**NOVEL HIV INTEGRASE INHIBITORS AND HIV** For: THERAPY BASED ON DRUG COMBINATIONS

**INCLUDING INTEGRASE INHIBITORS** 

Art Unit: Examiner: Russell TRAVERS

> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents Washington D.C. 20231, on

May 14, 2002 **Date of Deposit** Heather B. Del Bosco

Name 05/14/02 Signature Date

Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Trans	smitted herewith is an amendment in the above-identified application.
	Small entity status has been claimed. See 37 CFR § 1.27.  A certified copy of Patent Application No filed from which priority is claimed under 35 U.S.C § 119 is enclosed.
	A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed. No additional fee is required.

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) Highest Numi Previously Pai		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	7	-	23	**	0	LG=\$18 SM=\$9	\$9	\$	0
INDEPENDENT CLAIMS FEE	1'	-	6	***	0	LG=\$84 SM=\$42	\$42	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140							\$	140	
							TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1796, referencing docket number 13054.02200. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, CROSBY, HEAFEY, ROACH & May

Date: May 14, 2002

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